

IMPACT

Collaborative Care Model

Team Building Process

This tool was developed based on over 7 years of experience helping a wide variety of organizations adapt, implement, and sustain IMPACT. This experience has taught us that clearly defining the team members and operationalizing their roles is important to success.

It was adapted for use by the Los Angeles County Department of Mental Health to support an integrated mental health care initiative.

Team Building Process

Generate Work-Flow Plan

- First, systematically review the list of collaborative care tasks on the Summary Plan Worksheet. For each task—or set of tasks as shown in the worksheet—document who, how, when, and where the task will be completed as part of your implementation plan. This worksheet documents your current situation plus your plans for addressing all aspects of implementation.
 - ✓ Write in the individual(s) names who will be performing each task.
 - ✓ Document how the task will be changed/ accomplished. Include plans for smooth hand-offs and communication methods.
 - ✓ Document when a task is completed, in terms of patient flow (e.g. intake, initial assessment). If a task will be constrained by certain days of the week (e.g. a prescriber is only available on a certain day, or data will be entered into a registry only on certain days), indicate this.
 - ✓ Document where the task will be completed. At the clinic? At a partner agency? Through an external referral?
 - ✓ For each main category of collaborative care tasks (e.g. Identify/ Screen/ Diagnose Depression, Anxiety, & Substance Abuse), consider if there are organizational-level changes necessary for these plans. Staff training needs? Staff hires? Other needs? Additional Supervision?
 - ✓ What is the implementation timeline for each of the main categories of collaborative care tasks? Note any relevant information in the appropriate section.
- Second, create a quality improvement action plan.
 - ✓ Generate a workflow diagram to illustrate team collaboration.
- Third, generate a patient-friendly introduction to the collaborative care team.
 - ✓ Customize the Introduce Your Care Team template for your clinic.

Reassess New Process Regularly

Revisit the Summary Plan regularly (e.g., set up weekly meetings) to review progress and reassess needs.



IMPACT TEAM BUILDING – SUMMARY PLAN

Program Name _____



IDENTIFY / SCREEN / DIAGNOSE		How Process (Including Hand-offs) & Communication Methods (e.g. telephone, fax)			When Patient Flow	Where
Collaborative Care Task	Who Agency / Name / Discipline					
Identify People Who Need Help		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____				<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____
Screen for Symptoms		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____				<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____
Diagnose Mental & Substance Abuse Disorders		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____				<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____
Notes (Include any significant system issues in this section)						
Needs for Implementation <input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify: <input type="checkbox"/> Additional Supervision						
Timeline:						



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TREAT / PROVIDE SERVICES					
Collaborative Care Task	Who Agency / Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, fax)	When Patient Flow	Where	
Introduce Program to Patient		Consider customizing the Introducing Your Care Team template for your clinic	<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Patient Education about Symptoms & Treatment			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Patient Education about Medications & Side Effects			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Develop Treatment Plan			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Pleasant Event Scheduling/Behavioral Activation			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Evidence-based Psychotherapy (e.g. PST, CBT)			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Prescribe Antidepressants or other Psychotropic Meds			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Treat Coexisting Medical Conditions			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	



IMPACT TEAM BUILDING – SUMMARY PLAN

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Collaborative Care Task	Who Agency / Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, fax)	When Patient Flow	Where
Psychiatric Consultation to PCPs & Other Clinicians			<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Psychiatric Assessment of Challenging Patients		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	



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TRACK TREATMENT OUTCOMES					
Collaborative Care Task	Who Agency / Name / Discipline	Process (Including Hand-offs) & Communication Methods (e.g. telephone, fax)	How Patient Flow	When Patient Flow	Where
Follow-up to Track Patients' Symptoms & Adherence			<input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Use Outcome Measurement Tools (e.g. PHQ-9)			<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Record Treatment Response in a Registry			<input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Notes (Include any significant system issues in this section)					
Needs for Implementation <input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify: <input type="checkbox"/> Additional Supervision					
Timeline:					

FACILITATE CARE					
Collaborative Care Task	Who	How	When	Patient Flow	Where
	Agency / Name / Discipline	Communication Methods (e.g. telephone, fax)			
Help Engage Patient in IMPACT Care		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		
Cue Clinician(s) if Patient not Improving		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		
Coordinate Team Communication		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		
Arrange Psychiatric Consultations as Needed		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		
Assess Need for Changes in Treatment Plan		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		
Arrange Changes in Treatment Plan		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		
Refer to Specialty Mental Health		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		
Refer to Social Services		<input type="checkbox"/> Intake <input type="checkbox"/> Initial Assessment <input type="checkbox"/> Follow-up(s) <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____		



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Collaborative Care Task	Who Agency / Name / Discipline	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, fax)	When Patient Flow
Refer to Other Specialty Services (e.g. Substance Abuse)		<p><input type="checkbox"/> Intake</p> <p><input type="checkbox"/> Initial Assessment</p> <p><input type="checkbox"/> Follow-up(s)</p> <p><input type="checkbox"/> Medical Home</p> <p><input type="checkbox"/> Other specify: _____</p>	<p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Partner Agency</p> <p><input type="checkbox"/> Referral</p> <p><input type="checkbox"/> Medical Home</p> <p><input type="checkbox"/> Other specify: _____</p>
Complete Relapse Prevention Plan with Patient		<p><input type="checkbox"/> Follow-up(s)</p> <p><input type="checkbox"/> Other specify: _____</p>	<p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Partner Agency</p> <p><input type="checkbox"/> Referral</p> <p><input type="checkbox"/> Medical Home</p> <p><input type="checkbox"/> Other specify: _____</p>
Support Relapse Prevention Plan Implementation		<p><input type="checkbox"/> Follow-up(s)</p> <p><input type="checkbox"/> Other specify: _____</p>	<p><input type="checkbox"/> Clinic</p> <p><input type="checkbox"/> Partner Agency</p> <p><input type="checkbox"/> Referral</p> <p><input type="checkbox"/> Medical Home</p> <p><input type="checkbox"/> Other specify: _____</p>
<p>Notes (Include any significant system issues in this section)</p> <p>Needs for Implementation</p> <p><input type="checkbox"/> Organizational-level, e.g. Role Reassignment</p> <p><input type="checkbox"/> Staff Training</p> <p><input type="checkbox"/> Staff Hires</p> <p><input type="checkbox"/> Other specify: _____</p> <p><input type="checkbox"/> Additional Supervision</p> <p>Timeline:</p> <p>Initial Crisis One Year Later</p>			



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SUPPORT CASELOADS					
Collaborative Care Task	Who	How Process (Including Hand-offs) & Communication Methods (e.g. telephone, fax)	Patient Flow	When	Where
Provide or Ensure Administrative Support	Agency / Name / Discipline			<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Provide or Ensure Clinical Supervision				<input type="checkbox"/> Clinic <input type="checkbox"/> Partner Agency <input type="checkbox"/> Referral <input type="checkbox"/> Medical Home <input type="checkbox"/> Other specify: _____	
Notes (Include any significant system issues in this section)					
Needs for Implementation <input type="checkbox"/> Organizational-level, e.g. Role Reassignment <input type="checkbox"/> Staff Training <input type="checkbox"/> Staff Hires <input type="checkbox"/> Other specify: <input type="checkbox"/> Additional Supervision					
Timeline:					